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SOME INTERESTING CASES IN ORAL SURGERY

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I have been, for some time, in the office of an oral surgeon and radiologist and I find the work an enjoyable change from private duty. Trusting that other nurses will find them as interesting as I have, I am going to tell of some of the cases that have been under treatment since I have been here.

We have a modern up-to-date X-ray laboratory and a well equipped operating room of white enamel and tile.

More and more the medical profession is finding that many of the nervous diseases are due to conditions existing in the oral cavity. In determining what part the teeth play in this, the use of the X-ray, though often over-estimated, is undoubtedly of great importance. The X-ray is a shadow picture, and if the source of light is lower than the object being radiographed, the picture will be elongated; if higher, the picture will be shortened and therefore not accurate. The film, wrapped in light-proof paper, is placed in the patient's mouth and is held in place by the patient while the picture is being taken. The X-rays are directed so that they penetrate through the object to be radiographed, on the film, which is later developed as is any other photograph. It takes considerable patience and skill to take accurate X-ray pictures.

However, it is the condition of the tissues at the ends of the roots, as shown by the radiograph, which enables the oral surgeon to tell whether a tooth should be extracted or not. The dentist of to-day does not advise the extraction of a tooth if there is any way to save it. The denser tissues, as bone or tooth, cast a much lighter shadow on the film than do the softer tissues. Pus, or a diseased condition at the ends of the roots, throws a very dark shadow, varying in density with the size and degree of the diseased area.

The old and erroneous belief that all teeth that were painless and gave no evidence of a cavity, on the exterior, were healthy, has been shattered by radiography. It frequently occurs that an apparently healthy tooth will disclose a cyst that has developed to such a size as to be causing serious injury to the nervous system by pressure on a nerve.

Or, more dangerous than a cyst, is the granuloma, because a cyst is a cavity containing fluid and surrounded by a capsule, while a granuloma is not surrounded by a capsule, but pours its contents into the blood stream through the lymphatic system. The following

is a typical case of granuloma. The patient had been sent west for tuberculosis and had traveled about for several years, improving up to a certain point, but never entirely regaining his health, even after his pulmonary trouble was apparently arrested. He came into the office for the extraction of the roots of two broken-off teeth which were useless to him, but had not caused any especial discomfort. An X-ray showed a large area at the end of each root which proved to be a large granuloma. After its removal, the young man improved rapidly and is now working every day.

Recently a lady came into the office to have her teeth examined, saying she was very nervous, had a bad taste in her mouth, and was losing in weight. Although she had had no toothache, her physician suggested her teeth as a possible cause for her condition, as he found no other cause for it. Upon examination, no cavities and no signs of pyorrhea were found. A lower incisor, on suspicion of its being a non-vital tooth, was X-rayed. A small but pronounced area was found at the end of the root. The tooth was extracted and dissected and a pulp nodule, or small nerve tumor, was found in the root canal, due to an injury of some sort to the tooth, probably from a fall during childhood.

As the removal of impacted teeth, a common cause of nervousness with its accompanying list of symptoms, constitutes a large part of the work of the oral surgeon, he finds the X-ray almost indispensable in locating such teeth. By the pictures he can tell in what direction each root lies and can spare the patient much injury to the surrounding tissue.

Some months ago, an X-ray picture showed an impacted, upper, left bicuspid. That is, a fully developed tooth was embedded in the bone, lying in a horizontal position above the roots of the other teeth. In this case the trouble manifested itself in the nerves of the eye, the patient being unable to use her eyes long at a time without causing a severe headache. This condition disappeared after the removal of the tooth. The picture showed the tooth lying on the inside of the other teeth. Knowing this, the surgeon removed the tooth from the inside of the mouth, without injuring the roots of the other teeth, and with a minimum amount of injury to the surrounding tissues.

Another case of this kind has been even more interesting. The young lady was suffering from a general decline; she had no energy. There was a lack of coördination between the spinal and motor nerves. She would start to do something and forget what it was before she did it. An X-ray showed an impacted eye tooth, which was removed under a general anesthetic. Since the tooth was embedded deeply in the bone and was so situated that to incise a little too far one way or

the other, would lead either into the antrum or the nasal cavity, it was a long, delicate operation. With the recovery of the patient from the effects of the anesthetic, the above mentioned symptoms disappeared, showing that in some way, the abnormal position of the tooth interfered with the proper functioning of the nervous system. The patient's health was otherwise improved after the operation.

There is one quite remarkable case I should like to report. A woman in her early forties, who had suffered from asthma since about her ninth year, erupted a tooth just inside and a little in front of the first molar, on the lower right side. Colorado Springs was the only place where she was able to live comfortably, and even here she was unable to do any of her own housework or to exercise to any extent. She could walk a little each day, but at a very slow pace, and this usually brought on an acute attack of asthma which seemed to be of a particularly nervous type. The decision reached after an X-ray had been taken, was that she had not erupted or fully developed the second deciduous lower molar, as she should have done, between her ninth and twelfth years. This partially developed deciduous tooth remained embedded in the bone and the second permanent bicuspid was forced into a tipped position by the development of the first permanent molar, so that the partially developed deciduous tooth was lying under the tipped permanent second bicuspid, and the molar rested on the bicuspid, making the three teeth lie one above the other.

This diagnosis was verified when the teeth were taken out, together with a considerable amount of necrosed tissue. The patient showed a steady improvement in health, afterward, suffering very little from the operation, which was performed under novacain, conductive anesthesia. The cavity was packed with iodoform gauze, saturated with orthoform and camphor-phenique, for the first thirty-six hours, and was afterward kept clean and open by irrigating daily with physiological salt solution, until it was thoroughly healed from the bottom. The patient increased her exercise gradually until, at the end of a month, she was able to walk a distance of ten blocks, with no sign of a return of her former affliction and was also doing her own housework, including the sweeping. Her physician thinks that she will not have a return of the asthma.